

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215548523				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Pan-American Life Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: LA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2015</p> <p>SCC ID NO: F0009813</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000,000
CLASS	AUTHORIZED					
COMMON	10,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 601 POYDRAS ST STE. 2600</p> <p style="text-align: center;">CITY/ST/ZIP: NEW ORLEANS, LA 70130</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSE S SUQUET TITLE: P/CEO ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOSE S SUQUET TITLE: P/CEO ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSE S SUQUET TITLE: P/CEO ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RODOLFO J REVUELTA TITLE: SR VP ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RODOLFO J REVUELTA TITLE: SR VP ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RODOLFO J REVUELTA TITLE: SR VP ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PATRICK C FRAIZER TITLE: SVP/GC/S ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PATRICK C FRAIZER TITLE: SVP/GC/S ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PATRICK C FRAIZER TITLE: SVP/GC/S ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LORY ANNE DUPUY TITLE: TREASURER ADDRESS: 601 POYDRAS ST, 28TH FLOOR CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LORY ANNE DUPUY TITLE: TREASURER ADDRESS: 601 POYDRAS ST, 28TH FLOOR CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LORY ANNE DUPUY TITLE: TREASURER ADDRESS: 601 POYDRAS ST, 28TH FLOOR CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CARLOS MICKAN TITLE: CFO ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CARLOS MICKAN TITLE: CFO ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CARLOS MICKAN TITLE: CFO ADDRESS: 601 POYDRAS ST CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JERRY D. CARLISLE TITLE: DIRECTOR ADDRESS: 601 POYDRAS ST. CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JERRY D. CARLISLE TITLE: DIRECTOR ADDRESS: 601 POYDRAS ST. CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JERRY D. CARLISLE TITLE: DIRECTOR ADDRESS: 601 POYDRAS ST. CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH C. MLEKUSH DIRECTOR 601 POYDRAS ST. STE. 2800 NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDELL MOTTLEY DIRECTOR 601 POYDRAS ST. NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS PALOMARES DIRECTOR 601 POYDRAS ST. NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L. PETTIT DIRECTOR 601 POYDRAS ST. NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK J. QUINLAN DIRECTOR 601 POYDRAS ST. NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLEMAN D. ROSS DIRECTOR 601 POYDRAS ST. NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSE A. VILLAMIL DIRECTOR 601 POYDRAS ST. NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PATRICK C FRAIZER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICK C FRAIZER, SVP/GC/S PRINTED NAME AND CORPORATE TITLE	2/29/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			